FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000091580 (7)

LENNY'S FOOD SERVICE, INC.

FILED May 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address))	
1970 \$ WOOLAND BLVD DELAND FL 32720 US		6373 CONROY RD APT 1809 ORLANDO FL 32720		DO NOT WRITE IN THIS S	SPACE	
		US			3. Date Incorporated or Qualified	·
9 Principal P	Place of Business	2a. Mailing Address			01/01/1996	
	SAME AS ABOUT 26 SAME AS ABO				4. FEI Number	Applied For
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	1000	~	59-3363111	Not Applicable
22 City & Stat		27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 City & Stat	е	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the curre	
24	25	29	30			Yes No
	Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered A	
TI	IE LAW FIRM OF LAWRENCE J	SPIEGEL CHRTD	8	1 Name		
343 AL MERIA AVENUE			8	82 Street Address (P.O. Box Number is Not Acceptable)		
Ç	DRAL GABLES FL 33134		8	3		
			В	4 City		85 Zip Code
44.5					F <u>L</u>	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered as	ALCOHOL Management of the Control of			equired when reinslating) DATE	
12.		ND DIRECTORS	13.	gent signature re	ADDITIONS/CHANGES TO OFFICERS AND	DIDECTORS IN 12
TITLE	PSTD	DELETE	1.1 TITLE			Change Addition
NAME	FOX, LINWOOD J		1.2 NAME		•	
STREET ADDRESS	6373 CONROY ROAD, SUIT	E 1909		ET ADORESS		
CITY-ST-ZIP	ORLANDO FL 32811	- '***	1.4 CITY			
TITLE		☐ DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAMI	:		
STREET ADDRESS			23 STREE	ET ADDRESS		
CITY-ST-ZIP			2 4 CITY	-SF-ZIP		
TITLE		DELET e	3.1 TITLE			Change Addition
NAME			3.2 NAME	<u>:</u>		
STREET ADDRESS			3.3 STREE	et address		
CITY-ST-ZIP			3.4. CITY	- ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME .			4. 2 NAM	E		
STREET ADDRESS			4.3 STREE	ET ADDRESS		
CITY-SJ-ZIP		T oriere	4.4 CITY			
TITLE		☐ DELETE	5.1 TITLE		ι	Change Addition
NAME			5.2 NAME			
STREET ADDRESS			•	FT ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-			
TITLE		L' DETETE	6.1 TITLE		L	Change Addition
NAME expect appropries			6.2 NAME			
STREET ADDRESS				ET ADDRESS		
14 I hereby c	ertify that the information supplied y	with this filing does not qualify fo	6.4 CiTY-		in Section 119 07(3)(i). Florida Statutes, Lifuther cert	if that the information

Indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address